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APPLICANTS Darin Schaeffer, Bloomington, IN;				
** CONTINUING DATA ***** None Co ✓				
** FOREIGN APPLICATIONS ***** None Co ✓				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>glen</i> Examiner's Signature Initials		STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 24 11
				INDEPENDENT CLAIMS 3 1
ADDRESS 757				
TITLE Self centering delivery catheter				
FILING FEE RECEIVED 842	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	